



# UNITED STATES PATENT AND TRADEMARK OFFICE

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 UNITED STATES PATENT AND TRADEMARK OFFICE  
 WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 1845

SERIAL NUMBER 09/115,832	FILING DATE 07/15/1998 RULE	CLASS 435	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. PF399
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## APPLICANTS

REINHARD EBNER, GAITHERSBURG, MD;  
 MARIANNE MURPHY, RICHMOND, UNITED KINGDOM;  
 STEVEN M. RUBEN, OLNEY, MD;  
 JING-SHAN HU, SUNNYVALE, CA;  
 D. ROXANNE DUAN, BETHESDA, MD;  
 KIMBERLY A. FLORENCE, ROCKVILLE, MD;  
 CRAIG A. ROSEN, LAYTONSVILLE, MD;

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLN CLAIMS BENEFIT OF 60/052,870 07/16/1997  
 AND CLAIMS BENEFIT OF 60/060,140 09/26/1997  
 AND CLAIMS BENEFIT OF 60/055,952 08/18/1997

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/21/1998

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 3	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				

## ADDRESS

22195

## TITLE

#1518

INTERLEUKIN-20

FILING FEE RECEIVED 1436	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input checked="" type="checkbox"/> All Fees <input checked="" type="checkbox"/> 1.16 Fees ( Filing ) <input checked="" type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input checked="" type="checkbox"/> 1.18 Fees ( Issue ) <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Credit
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SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/115,832	07/15/98	536	1646	PF399

APPLICANT REINHARD EBNER, GAITHERSBURG, MD; MARIANNE MURPHY, RICHMOND, UNITED KINGDOM; JING-SHAN HU, SUNNYVALE, CA; D. ROXANNE DUAN, BETHESDA, MD; KIMBERLY A. FLORENCE, ROCKVILLE, MD; CRAIG A. ROSEN, LAYTONSVILLE, MD.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED PROVISIONAL APPLICATION NO. 60/052,870 07/16/97  
PROVISIONAL APPLICATION NO. 60/060,140 09/26/97

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

FOREIGN FILING LICENSE GRANTED 08/21/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MD	SHEETS DRAWING 3	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 7
Verified and Acknowledged Examiner's Initials	Initials				

HUMAN GENOME SCIENCES INC  
9410 KEY WEST AVENUE  
ROCKVILLE MD 20850

ADDRESS

INTERLEUKIN-20

TITLE

Polyribonucleotides encoding

INTERLEUKIN-20

15/6

FILING FEE RECEIVED  
\$1,292

FEES: Authority has been given in Paper

No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT

NO. \_\_\_\_\_ for the following:

All Fees  
 1.16 Fees (Filing)  
 1.17 Fees (Processing Ext. of time)  
 1.18 Fees (Issue)  
 Other \_\_\_\_\_  
 Credit